



Warren R. Barclay, DC

BARCLAY CHIROPRACTIC

Ryan J. Barclay, DC

5 Dracut Rd.
Hudson, NH 03051

FINANCIAL POLICY

ACCIDENTS AND FINANCIAL RESPONSIBILITY – MOTOR VEHICLE

PATIENT NAME: _____

DATE OF ACCIDENT: _____

Per the State of N.H. Ins. Dept.: RSA264:16, Payment by an automobile insurance directly to a provider as medical payments coverage is not assignable by the insured.

Automobile insurers shall not pay health care providers directly for any bill from a health care provider presented under medical payments coverage. The insured must submit the claim to the automobile insurer, and the automobile insurer must send payment directly to the insured.

I understand that I am financially responsible for ALL charges, including any diagnostic testing, whether paid by the insurance company. I agree that in lieu of cash payments at time of service, upon receipt of medical payments from the insurance company, I will reimburse Barclay Chiropractic for all services rendered. If the insurance company fails to pay for services rendered, I will be responsible for ALL charges.

I hereby authorize the release of all information necessary to my case to any insurance company to facilitate payment under this agreement.

SIGNATURE

DATE

